

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 831888	RECEIPT DATE:	05 / 23 / 01
IA NUMBER:	PCT/ EP99 / 09002	IA FILING DATE:	11 / 23 / 99
FAMILY NAME:	LEWIS	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	DAVID	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	11 / 25 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	208858USOPCT	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	022850	TELEPHONE 7034133000
			FAX 7034132220
NAME:	OBLON SPIVAK MCCLELLAND MAIER & NEUSTADT		
	FOURTH FLOOR		
STREET:	1755 JEFFERSON DAVIS HIGHWAY		
CITY:	ARLINGTON		
STATE/COUNTRY:	VA	ZIP:	22202
EMAIL:			
APPLICATION TITLES:			
	PRESSURE METERED DOSE INHALERS MDI		

TAB TO LAST POSITION,PUSH SEND